

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

ADDRESS (number and street) ▼

5115 Parkcenter Ave

Ste 200

☐ Check if different than previously reported. (ACC)

Dublin

OH

43017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00003327

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy I. Maglione JD

Signature of Treasurer

Timothy I. Maglione JD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 29 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2015 To: M M / D D / Y Y Y Y Y Y
12 31 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		220032.66
(b) Cash on Hand at Beginning of Reporting Period.....	229139.53	
(c) Total Receipts (from Line 19)	26957.61	88879.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	256097.14	308912.20
7. Total Disbursements (from Line 31)	15911.05	68726.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240186.09	240186.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24473.92	80603.25
(ii) Unitemized	2347.98	8002.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26821.90	88605.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26821.90	88605.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	135.71	273.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26957.61	88879.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26957.61	88879.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	60.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	60.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	15911.05	68665.90
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15911.05	68726.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15911.05	68726.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26821.90	88605.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26821.90	88605.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	60.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	60.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 63
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Manu Bala Aggarwal MD

Mailing Address 3026 Mills Rd

City State Zip Code
 Lima OH 45806-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vein Care Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.6323

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Paul Anders MD

Mailing Address 4126 N Holland Sylvania Rd Ste 200

City State Zip Code
 Toledo OH 43623-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anders Dermatology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA11AI.6308

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. David Terrence Applegate MD

Mailing Address 1044 Columbus Ave

City State Zip Code
 Marysville OH 43040-8337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marysville Primary Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6207

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Anthony Joseph Armstrong MD

Mailing Address 3425 Executive Pkwy Ste 200

City State Zip Code
 Toledo OH 43606-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mercy OB/GYN Associates - Westfield

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2015

Transaction ID : SA11AI.6186

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Anthony Joseph Armstrong MD

Mailing Address 3425 Executive Pkwy Ste 200

City State Zip Code
 Toledo OH 43606-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mercy OB/GYN Associates - Westfield

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 21 2015

Transaction ID : SA11AI.6161

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Anthony Joseph Armstrong MD

Mailing Address 3425 Executive Pkwy Ste 200

City State Zip Code
 Toledo OH 43606-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mercy OB/GYN Associates - Westfield

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 26 2015

Transaction ID : SA11AI.6296

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Anthony Joseph Armstrong MD

Mailing Address 3425 Executive Pkwy Ste 200

City	State	Zip Code
Toledo	OH	43606-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy OB/GYN Associates - WestfieldOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Anthony Joseph Armstrong MD

Mailing Address 3425 Executive Pkwy Ste 200

City	State	Zip Code
Toledo	OH	43606-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy OB/GYN Associates - WestfieldOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11AI.6268

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Anthony Joseph Armstrong MD

Mailing Address 3425 Executive Pkwy Ste 200

City	State	Zip Code
Toledo	OH	43606-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy OB/GYN Associates - WestfieldOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

Transaction ID : SA11AI.6217

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Ramagopala Reddy Avutu MD

Mailing Address 10880 Waterbury Ridge Ln

City

Dayton

State

OH

Zip Code

45458-6057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 13 / 2015

Transaction ID : SA11AI.6203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roger John Balogh MD

Mailing Address 3880 New Riley Rd

City

Dresden

State

OH

Zip Code

43821-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Psychiatric Associates Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2015

Transaction ID : SA11AI.6232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jaye E Benjamin MD

Mailing Address 36060 Euclid Ave Ste 202

City

Willoughby

State

OH

Zip Code

44094-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jaye Benjamin MD

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2015

Transaction ID : SA11AI.6236

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Neil Boulter MD

Mailing Address 1860 Shawnee Rd

City

Lima

State

OH

Zip Code

45805-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Physician Services - Lima

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.6321

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas Boynton Bralliar MD

Mailing Address 22089 Shaker Blvd

City

Shaker Heights

State

OH

Zip Code

44122-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Cleveland Clinic Foundation

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Allen Bryant MD

Mailing Address 1775 Delco Park Dr

City

Dayton

State

OH

Zip Code

45420-1398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Pediatrics Inc

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.6286

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. J Jeffery Cameron MD

Mailing Address 13170 Ravenna Rd Ste 116

City

Chardon

State

OH

Zip Code

44024-7022

FEC ID number of contributing
federal political committee.

C

Name of Employer

J Jeffery Cameron MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.6292

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brett Malcolm Coldiron MD, FACP

Mailing Address 3024 Burnet Ave

City

Cincinnati

State

OH

Zip Code

45219-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Skin Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6225

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Deborah Louise Cole-Sedivy DO

Mailing Address 2895 Halstead Rd

City

Columbus

State

OH

Zip Code

43221-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monarch Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA11AI.6261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 63

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Mary Lynn Corbly-Martin MD

Mailing Address 7613 Sun Hill Dr

City

Portsmouth

State

OH

Zip Code

45662-5749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.6257

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bipin M. Desai MD

Mailing Address 1125 Ellen Kay Dr Ste D

City

Marion

State

OH

Zip Code

43302-6358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bipin M Desai MD

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.6291

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Allen Fankhauser MD

Mailing Address 1911 Marblecliff Crossing Ct

City

Columbus

State

OH

Zip Code

43204-4968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Bone Joint & Hand Surgeons Inc

Occupation

Director, Mount Carmel Orthopaedic Res

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Carl Joseph Foster MD

Mailing Address 200 E State St Fl 2

City State Zip Code
 Alliance OH 44601-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Associates Of Alliance LLC

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2015

Transaction ID : SA11AI.6275

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gayle Anne Galan MD

Mailing Address 1742 Rock Hill Ln

City State Zip Code
 Akron OH 44313-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TeamHealth - Northeast Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2015

Transaction ID : SA11AI.6147

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Nancy Lynn Gantt MD, FACS

Mailing Address 1669 Walker Mill Rd

City State Zip Code
 Poland OH 44514-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HMHP Physicians Associates - Boardman

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 30 / 2015

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Scott Keith Henderson MD

Mailing Address 325 Blandford Dr

City

Worthington

State

OH

Zip Code

43085-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Physician Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.6279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Thomas Hoback MD

Mailing Address 7702 Normandy Ln

City

Centerville

State

OH

Zip Code

45459-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center-Med Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark Eugene Hostettler MD

Mailing Address 921 Dogwood Trl

City

Alliance

State

OH

Zip Code

44601-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Internal Medicine Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SA11AI.6188

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Mark Eugene Hostettler MD

Mailing Address 921 Dogwood Trl

City State Zip Code
Alliance OH 44601-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : SA11AI.6166

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark Eugene Hostettler MD

Mailing Address 921 Dogwood Trl

City State Zip Code
Alliance OH 44601-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.6101

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Mark Eugene Hostettler MD

Mailing Address 921 Dogwood Trl

City State Zip Code
Alliance OH 44601-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 63
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Roger John Hunter MD

Mailing Address 2600 Clairmont Ct

City State Zip Code
Columbus OH 43220-4217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Physician Anesthesia Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.6246

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wainwright Anthony Jaggernauth MD

Mailing Address 3000 Regency Ct Ste 207

City State Zip Code
Toledo OH 43623-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toledo Radiation Oncology Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.6298

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. Wainwright Anthony Jaggernauth MD

Mailing Address 3000 Regency Ct Ste 207

City State Zip Code
Toledo OH 43623-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toledo Radiation Oncology Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.6270

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1042.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Wainwright Anthony Jaggernauth MD

Mailing Address 3000 Regency Ct Ste 207

City	State	Zip Code
Toledo	OH	43623-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Radiation Oncology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

Transaction ID : SA11AI.6219

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. Robert James Knox MD

Mailing Address 1534 11th St

City	State	Zip Code
Portsmouth	OH	45662-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robert J Knox John D Evans Eye MDs

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SA11AI.6255

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott David Koncal MD

Mailing Address 1869 Amys Ridge Ct

City	State	Zip Code
Beavercreek	OH	45434-7193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Valley Emergency Specialists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

521.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 63
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Scott David Koncal MD

Mailing Address 1869 Amys Ridge Ct

City	State	Zip Code
Beavercreek	OH	45434-7193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Valley Emergency SpecialistsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.6134

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth Henry Koster MD

Mailing Address 5550 William Henry Harrison Ln

City	State	Zip Code
Cincinnati	OH	45243-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Physician Services - FairfieldOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.6294

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Howard Lautman MD

Mailing Address 25301 Euclid Ave

City	State	Zip Code
Euclid	OH	44117-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Kidney & Hypertension ConsulOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.6165

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Robert Sievers Lenobel MD

Mailing Address 8030 Peregrine Ln

City

Cincinnati

State

OH

Zip Code

45243-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Professional Radiology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2015

Transaction ID : SA11AI.6137

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Michael Lepi MD

Mailing Address 830 Bethesda Dr Ste 2

City

Zanesville

State

OH

Zip Code

43701-1895

FEC ID number of contributing
federal political committee.

C

Name of Employer

John M Lepi MD Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2015

Transaction ID : SA11AI.6205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Agnes Alice Lina MD

Mailing Address 3411 Rumson Rd

City

Cleveland

State

OH

Zip Code

44118-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.6131

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Blane William McCoy MD

Mailing Address 2604 Hidden Canyon Dr

City State Zip Code
 Brecksville OH 44141-3530

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southwest Orthopaedics Inc

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2015

Transaction ID : SA11AI.6272

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael James McCrea MD

Mailing Address 2017 Lexington Dr

City State Zip Code
 Perrysburg OH 43551-5449

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lucas County Em

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : SA11AI.6263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Karen Mihalik-Potoczak MD

Mailing Address 32428 Nottingham Dr

City State Zip Code
 Avon Lake OH 44012-2192

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North Coast OB/GYN & North Coast Laser

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.6129

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Carl Augustine Minning MD

Mailing Address 2935 Maple Ave

City

Zanesville

State

OH

Zip Code

43701-1487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eye Surgery Associates Of Zanesville I

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Michael Morman MD

Mailing Address 247 S Burnett Rd Ste 210

City

Springfield

State

OH

Zip Code

45505-2663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Physicians Of Springfield Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.6117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark Glenn Moseley MD

Mailing Address 7801 Holiston Ct

City

Dublin

State

OH

Zip Code

43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSU Department Of Emergency

Occupation

Associate Professor Of Emergency Medic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA11AI.6123

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Shailesh Ravjibhai Patel MD, FACC

Mailing Address 5969 E Broad St Ste 202

City State Zip Code
Columbus OH 43213-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Cardiovascular Associates Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.6177

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alva Burton Payne MD

Mailing Address 2119 N 2nd St

City State Zip Code
Ironton OH 45638-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burton Payne, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : SA11AI.6167

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Alva Burton Payne MD

Mailing Address 2119 N 2nd St

City State Zip Code
Ironton OH 45638-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burton Payne, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.6115

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

583.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Alva Burton Payne MD

Mailing Address 2119 N 2nd St

City

Ironton

State

OH

Zip Code

45638-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burton Payne, MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.6305

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Alva Burton Payne MD

Mailing Address 2119 N 2nd St

City

Ironton

State

OH

Zip Code

45638-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burton Payne, MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Alva Burton Payne MD

Mailing Address 2119 N 2nd St

City

Ironton

State

OH

Zip Code

45638-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burton Payne, MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2015

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

<p>Full Name (Last, First, Middle Initial) A. Douglas Chapman Prince MD</p> <p>Mailing Address 1 Childrens Plz</p> <p>City State Zip Code Dayton OH 45404-1873</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Childrens Emergency Services Inc Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2015</p> <p>Transaction ID : SA11AI.6285</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) B. Louis William Ralofsky MD</p> <p>Mailing Address 110 N Main St Ste 370</p> <p>City State Zip Code Dayton OH 45402-3729</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Premier Health Group President & CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2015</p> <p>Transaction ID : SA11AI.6175</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) C. Yagnesh Rameshwer Raval MD</p> <p>Mailing Address 3130 N County Road 25a X-Ray Dept</p> <p>City State Zip Code Troy OH 45373-1337</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Upper Valley Medical Center Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.6320</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>2250.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. David George Reed MD

Mailing Address 7087 West Blvd Ste 5

City

Youngstown

State

OH

Zip Code

44512-4335

FEC ID number of contributing
federal political committee.

C

Name of Employer

David G Reed MD Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : SA11AI.6149

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Michael Restivo MD, FACC

Mailing Address 1900 23rd St Ste 1000

City

Cuyahoga Falls

State

OH

Zip Code

44223-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Reserve Hospital Physicians In

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Robert Clark Rhoad MD

Mailing Address 6685 Wyman Ln

City

Cincinnati

State

OH

Zip Code

45243-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellington Orthopaedic & Sports Medici

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.6283

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Jennifer Mylius Ridge MD

Mailing Address 210 N Breiel Blvd

City State Zip Code
Middletown OH 45042-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.6250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Paul Robinson DO

Mailing Address 2216 Cross Creek Trl

City State Zip Code
Cuyahoga Falls OH 44223-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine Of Ellet

Occupation
Clinical Assistant Professor, Akron Ge

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.6119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marvin Horton Rorick MD

Mailing Address 111 Wellington Pl

City State Zip Code
Cincinnati OH 45219-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverhills Neuroscience Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6222

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. James Richard Rowbottom MD

Mailing Address 11100 Euclid Ave Ste 2517

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : SA11AI.6195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Edward Russell MD, DABAM

Mailing Address 579 Rustic Trl

City

Dayton

State

OH

Zip Code

45434-7337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oxyclean/NOT Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.6288

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Steven Sams MD

Mailing Address 150 Taylor Station Rd Ste 290

City

Columbus

State

OH

Zip Code

43213-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeffrey Steven Sams MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SA11AI.6173

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Robert E Schulz MD

Mailing Address 11821 Overton Rd

City

Burbank

State

OH

Zip Code

44214-9766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SA11AI.6238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Robert Seyerle MD

Mailing Address 516 Hilltop Ln

City

Wyoming

State

OH

Zip Code

45215-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergy & Asthma Care Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.6213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Samir Joseph Shaia DO

Mailing Address 31000 Wilderness Trl

City

Westlake

State

OH

Zip Code

44145-1794

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.6179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial) A. Kathy Peccatiell Sorger MD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.6318	
Mailing Address 7830 Hartford Hill Ln		Amount of Each Receipt this Period 250.00	
City Cincinnati	State OH	Zip Code 45242-4324	
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. R. Scott Stienecker MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2015 Transaction ID : SA11AI.6289	
Mailing Address 2693 Amanda Lakes Dr		Amount of Each Receipt this Period 250.00	
City Lima	State OH	Zip Code 45805-4460	
FEC ID number of contributing federal political committee. C			
Name of Employer Parkview Physicians Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Medical Director Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. James Michael Sudimack MD, FACEP		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2015 Transaction ID : SA11AI.6242	
Mailing Address 2774 Timber Creek Dr N		Amount of Each Receipt this Period 500.00	
City Cortland	State OH	Zip Code 44410-1756	
FEC ID number of contributing federal political committee. C			
Name of Employer Trumbull Memorial Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)..... ▶		1000.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Lance Allen Talmage MD

Mailing Address 2150 W Central Ave

City

Toledo

State

OH

Zip Code

43606-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7							1	5			

Transaction ID : SA11AI.6191

Amount of Each Receipt this Period

81.00

Full Name (Last, First, Middle Initial)

B. Lance Allen Talmage MD

Mailing Address 2150 W Central Ave

City

Toledo

State

OH

Zip Code

43606-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8							2	1			

Transaction ID : SA11AI.6162

Amount of Each Receipt this Period

81.00

Full Name (Last, First, Middle Initial)

C. Lance Allen Talmage MD

Mailing Address 224 W Exchange St Ste 220

City

Akron

State

OH

Zip Code

44302-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates Of Akron Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8							2	6			

Transaction ID : SA11AI.6145

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

412.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 63
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Lance Allen Talmage MD

Mailing Address 2150 W Central Ave

City	State	Zip Code
Toledo	OH	43606-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	8		2	0	1	5		

Transaction ID : SA11AI.6099

Amount of Each Receipt this Period

81.00

Full Name (Last, First, Middle Initial)

B. Lance Allen Talmage MD

Mailing Address 2150 W Central Ave

City	State	Zip Code
Toledo	OH	43606-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	6		2	0	1	5		

Transaction ID : SA11AI.6297

Amount of Each Receipt this Period

81.00

Full Name (Last, First, Middle Initial)

C. Lance Allen Talmage MD

Mailing Address 2150 W Central Ave

City	State	Zip Code
Toledo	OH	43606-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : SA11AI.6269

Amount of Each Receipt this Period

81.00

SUBTOTAL of Receipts This Page (optional)..... ►

243.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Lance Allen Talmage MD

Mailing Address 2150 W Central Ave

City	State	Zip Code
Toledo	OH	43606-3834

FEC ID number of contributing federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

Transaction ID : SA11AI.6218

Amount of Each Receipt this Period

81.00

Full Name (Last, First, Middle Initial)

B. Jesse Ellis Templeton MD

Mailing Address 24723 Detroit Rd

City	State	Zip Code
Westlake	OH	44145-2526

FEC ID number of contributing federal political committee.

C

Name of Employer

Orthopaedic Associates Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2015

Transaction ID : SA11AI.6197

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew McLean Thomas MD, MBA

Mailing Address 4516 Amity Rd

City	State	Zip Code
Hilliard	OH	43026-8465

FEC ID number of contributing federal political committee.

C

Name of Employer

Wexner Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.6096

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional).....▶

622.66

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Andrew McLean Thomas MD, MBA

Mailing Address 4516 Amity Rd

City State Zip Code
Hilliard OH 43026-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wexner Medical Center

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.6295

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Andrew McLean Thomas MD, MBA

Mailing Address 4516 Amity Rd

City State Zip Code
Hilliard OH 43026-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wexner Medical Center

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Andrew McLean Thomas MD, MBA

Mailing Address 4516 Amity Rd

City State Zip Code
Hilliard OH 43026-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wexner Medical Center

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2015

Transaction ID : SA11AI.6216

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 63
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. John O Vlad MD, FAAP

Mailing Address 2654 State Route 5 Ste C

City	State	Zip Code
Cortland	OH	44410-9393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vlad Pediatrics

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2015

Transaction ID : SA11AI.6201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Karla Volke DO

Mailing Address 6641 Roberts Ln

City	State	Zip Code
Wooster	OH	44691-7778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne County Radiology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.6139

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew Jack Wherley MD

Mailing Address 658 Boulevard St

City	State	Zip Code
Dover	OH	44622-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andrew J Wherley MD Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.6310

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 63

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Maureen Yvonne Yablonski MD

Mailing Address 30 Messimer Dr

City

Newark

State

OH

Zip Code

43055-3756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moundview Obstetrics & Gynecology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

Transaction ID : SA11AI.6125

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

24473.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600

City
WashingtonState
DCZip Code
20001-7400Purpose of Disbursement
voided check from 3/26/09

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				18				2015					

Transaction ID : SB29.5984

Amount of Each Disbursement this Period

												-5420.00
--	--	--	--	--	--	--	--	--	--	--	--	----------

Full Name (Last, First, Middle Initial)

B. AMPAC

Mailing Address 26 Massachusetts Ave NW Ste 600

City
WashingtonState
DCZip Code
20001-7400Purpose of Disbursement
voided check from 2/26/09

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				18				2015					

Transaction ID : SB29.5986

Amount of Each Disbursement this Period

												-500.00
--	--	--	--	--	--	--	--	--	--	--	--	---------

Full Name (Last, First, Middle Initial)

C. Butler For OhioMailing Address 707 Miami Centerville Rd
Ste 146City
CentervilleState
OHZip Code
45459-6522

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
11				16				2015					

Transaction ID : SB29.5988

Amount of Each Disbursement this Period

												500.00
--	--	--	--	--	--	--	--	--	--	--	--	--------

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

												-5420.00
--	--	--	--	--	--	--	--	--	--	--	--	----------

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Citizens For Amstutz

Mailing Address 4456 Wood Lake Trl

City	State	Zip Code
Wooster	OH	44691

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SB29.5990

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Anne Gonzales

Mailing Address 865 Macon Alley

City	State	Zip Code
Columbus	OH	43206-2652

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2015

Transaction ID : SB29.5992

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens For Anne Gonzales

Mailing Address 866 Macon Alley

City	State	Zip Code
Columbus	OH	43206-2652

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SB29.5994

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Citizens For Bill Beagle

Mailing Address 115 S Tippecanoe Dr

City	State	Zip Code
Tipp City	OH	45371-1194

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : SB29.5996

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens For Bishoff

Mailing Address 545 E Town St

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SB29.5997

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Citizens For Buehrer

Mailing Address 319 E Elm St

City	State	Zip Code
Wauseon	OH	43567

Purpose of Disbursement
voided check from 8/30/10

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.5999

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-4250.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Citizens For Cheryl Grossman

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Mailing Address 3955 Brown Park Dr
Ste A

City Hilliard State OH Zip Code 43026

Purpose of Disbursement

Candidate Name

Category/
Type**Transaction ID : SB29.6001**

Amount of Each Disbursement this Period

250.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Citizens For Gardner Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Mailing Address 431 N Prospect St

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

Candidate Name

Category/
Type**Transaction ID : SB29.6002**

Amount of Each Disbursement this Period

350.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Citizens For Gardner Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Mailing Address 431 N Prospect St

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

Candidate Name

Category/
Type**Transaction ID : SB29.6004**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Citizens For Gardner Committee

Mailing Address 431 N Prospect St

City	State	Zip Code
Bowling Green	OH	43402

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SB29.6003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens For Hottinger

Mailing Address 2135 Horns Hill Rd

City	State	Zip Code
Newark	OH	43055

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SB29.6005

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Citizens For Kevin Bacon

Mailing Address 260 N Cassady Ave

City	State	Zip Code
Columbus	OH	43209

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SB29.6006

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1200.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Citizens For Mike Duffey

Mailing Address 645 Farrington Dr

City	State	Zip Code
Worthington	OH	43085

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SB29.6007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Citizens For Mike Duffey

Mailing Address 645 Farrington Dr

City	State	Zip Code
Worthington	OH	43085

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SB29.6008

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens For Niraj AntaniMailing Address 8547 White Cedar Drive
Unit 321

City	State	Zip Code
Miamisburg	OH	45342

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SB29.6011

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Citizens For Obhof

Mailing Address 5206 Crown Pointe Drive

City	State	Zip Code
Medina	OH	44256

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2015

Transaction ID : SB29.6009

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens For Obhof

Mailing Address 5206 Crown Pointe Drive

City	State	Zip Code
Medina	OH	44256

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2015

Transaction ID : SB29.6010

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens For Sayre

Mailing Address 1045 4th St SW

City	State	Zip Code
New Philadelphia	OH	44663

Purpose of Disbursement
voided check from 2/23/09

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SB29.6013

Amount of Each Disbursement this Period

-250.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

A. Citizens For Sears

Date of Disbursement

Transaction ID : SB29.6014

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Citizens For Stephanie Kunze

Date of Disbursement

Mailing Address 865 Macon Alley

City	State	Zip Code
Columbus	OH	43206

Transaction ID : SB29.6015

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Citizens For Stephanie Kunze

Date of Disbursement

Mailing Address 865 Macon Alley

MM / DD / YYYY

City	State	Zip Code
Columbus	OH	43206

Transaction ID : SB29.6016

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Category/
Type

-300.00

Category/
TypeCategory/
Type

500.00

3200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Committee To Elect Hite

Mailing Address 2417 Westmoor Rd

City	State	Zip Code
Findlay	OH	45840-2847

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SB29.6023

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Committee To Elect Hite

Mailing Address 2417 Westmoor Rd

City	State	Zip Code
Findlay	OH	45840-2847

Purpose of Disbursement
Voided check from 7/14/15

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2015

Transaction ID : SB29.6022

Amount of Each Disbursement this Period

-300.00

Full Name (Last, First, Middle Initial)

C. Committee To Elect Hite

Mailing Address 2417 Westmoor Rd

City	State	Zip Code
Findlay	OH	45840-2847

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SB29.6024

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

A. Committee To Elect Hite

Date of Disbursement

Transaction ID : SB29.6350

011

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

B. Committee To Elect Manning

Mailing Address 5380 Barton Road

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
North Ridgeville	OH	44039

Transaction ID : SB29.6025

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

375.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

C. Cupp For State Representative Committee

Date of Disbursement

Mailing Address 3003 W. Hume Road

M M / D D / Y Y Y Y
09 08 2015

City	State	Zip Code
Lima	OH	45806

Transaction ID : SB29.6026

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

125.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....

250.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Due Amici

Mailing Address 67 E. Gay St

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
In kind contribution for meals

Candidate Name

Stephanie KunzeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : SB29.6360

Amount of Each Disbursement this Period

57.56

Full Name (Last, First, Middle Initial)

B. Due Amici

Mailing Address 67 E. Gay St

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
In kind contribution for meals

Candidate Name

Mike DuffeyOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : SB29.6361

Amount of Each Disbursement this Period

57.56

Full Name (Last, First, Middle Initial)

C. Due Amici

Mailing Address 67 E. Gay St

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
In kind contribution for meals

Candidate Name

Anne GonzalesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : SB29.6362

Amount of Each Disbursement this Period

57.56

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

172.68

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

-500.00

Category/
Type

Disbursement For: 2006

☐ Primary ☒ General

☐ Other (specify) ▼

M M / D D / Y Y Y Y
12 18 2015

Category/
Type

Disbursement For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼



-2000.00

Category/
Type

Disbursement For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

-3000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Friends Of John Eklund

Mailing Address 12040 Burlington Gled Dr

City	State	Zip Code
Cahrdon	OH	44024

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SB29.6038

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Friends Of Lance T Mason

Mailing Address 17111 Kenyon Rd

City	State	Zip Code
Cleveland	OH	44120

Purpose of Disbursement
Voided Check from from 9/19/2007

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SB29.6040

Amount of Each Disbursement this Period

-300.00

Full Name (Last, First, Middle Initial)

C. Friends Of Lance T Mason

Mailing Address 17111 Kenyon Rd

City	State	Zip Code
Cleveland	OH	44120

Purpose of Disbursement
voided check from from 3/28/2008

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SB29.6041

Amount of Each Disbursement this Period

-300.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-250.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

A. Friends Of Linda Bolon

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '12' with 4 segments lit. The second display shows '18' with 5 segments lit. The third display shows '2015' with 7 segments lit. The displays are arranged horizontally and separated by slashes.

Transaction ID : SB29.6043

Category/
Type

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

-250.00

B. Friends Of Lou Gentile

Date of Disbursement

Transaction ID : SB29.6044

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

C. Friends Of Matthew J Dolan

Date of Disbursement

Transaction ID : SB29.6047

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Matthew J Dolan

Mailing Address 865 Macon Alley

City	State	Zip Code
Columbus	OH	43206

Purpose of Disbursement
Voided check from 10/4/06

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.6046

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mike Henne

Mailing Address 8447 N Diamond Mill Rd

City	State	Zip Code
Clayton	OH	45315

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SB29.6049

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Nicholas J Celebrezze

Mailing Address 2344 Canal Rd

City	State	Zip Code
Cleveland	OH	44113

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2015

Transaction ID : SB29.6051

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Garrison For Ohio

Mailing Address 427 5th St

City	State	Zip Code
Marietta	OH	45750

Purpose of Disbursement
voided check from 3/2/09

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.6053

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. Goodwin For Representative

Mailing Address 11932 Harris Rd

City	State	Zip Code
Defiance	OH	43512

Purpose of Disbursement
Voided check from 8/7/2008

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.6055

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

C. Hackett For Ohio

Mailing Address 2050 Palouse Dr

City	State	Zip Code
London	OH	43140

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2015

Transaction ID : SB29.6057

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 41 S High St

City	State	Zip Code
Columbus	OH	43287

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SB29.6059

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

B. Husted For Ohio

Mailing Address 148 Sherbrooke Dr

City	State	Zip Code
Kettering	OH	45429

Purpose of Disbursement
voided check from 3/24/09

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.6061

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

C. Jack Cera For State Representative

Mailing Address 63899 Violet Lane

City	State	Zip Code
Bellaire	OH	43096

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SB29.6062

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-105.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Manning For Ohio

Mailing Address 7064 Avon Belden Rd

City	State	Zip Code
North Ridgeville	OH	44039

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : SB29.6068

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ohioans For Fair And Independent JudgesMailing Address 5775 Perimeter Dr
Ste 200

City	State	Zip Code
Dublin	OH	43017

Purpose of Disbursement
Voided Check from 4/4/05

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2005

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.6078

Amount of Each Disbursement this Period

-7500.00

Full Name (Last, First, Middle Initial)

C. Ohioans For Fair And Independent JudgesMailing Address 5775 Perimeter Dr
Ste 200

City	State	Zip Code
Dublin	OH	43017

Purpose of Disbursement
Voided Check from 1/5/05

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2005

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.6079

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-9625.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Ohioans For Fair And Independent Judges

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Mailing Address 5775 Perimeter Dr
Ste 200

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Voided Check from 4/19/05

Candidate Name

Category/
Type**Transaction ID : SB29.6080**

Amount of Each Disbursement this Period

-1200.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2005
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ohio House Republican Organizational Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Category/
Type**Transaction ID : SB29.6069**

Amount of Each Disbursement this Period

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Ohio House Republican Organizational Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Category/
Type**Transaction ID : SB29.6070**

Amount of Each Disbursement this Period

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Ohio House Republican Organizational Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Mailing Address 4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220

Transaction ID : SB29.6071

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ohio Legislative Black Caucus

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Mailing Address 545 E Town St

City	State	Zip Code
Columbus	OH	43215

Transaction ID : SB29.6072Purpose of Disbursement
Voided Check from 4/4/05

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

-1500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Ohio Republican Party

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Mailing Address 211 S. 5th St

City	State	Zip Code
Columbus	OH	43215

Transaction ID : SB29.6074

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Ohio Republican Party

Mailing Address 211 S. 5th St

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SB29.6075

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ohio Senate Democratic Caucus

Mailing Address 545 E Town St

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Voided Check from 6/27/05

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2005

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SB29.6076

Amount of Each Disbursement this Period

-300.00

Full Name (Last, First, Middle Initial)

C. Peterson For Good Government

Mailing Address 5564 Grassy Branch Road

City	State	Zip Code
Sabina	OH	45169

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : SB29.6081

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2700.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Peterson For Good Government

Mailing Address 5564 Grassy Branch Road

City	State	Zip Code
Sabina	OH	45169

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2015

Transaction ID : SB29.6082

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Republican Senate Campaign Committee

Mailing Address 4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Transaction ID : SB29.6083

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Republican Senate Campaign Committee

Mailing Address 4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
Voided contribution from 10/6/10

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SB29.6351

Amount of Each Disbursement this Period

-211.63

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2788.37

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Seitz For Senate Committee

Mailing Address 4401 Abby Court

City	State	Zip Code
Cincinnati	OH	45248

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : SB29.6084

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Sprague For State Representative

Mailing Address 220 W Sandusky St

City	State	Zip Code
Findlay	OH	45840

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SB29.6085

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Team Burke

Mailing Address 274 W. 4th Street

City	State	Zip Code
Marysville	OH	43040

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SB29.6087

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Team Burke

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Mailing Address 274 W. 4th Street

Transaction ID : SB29.6086

City Marysville State OH Zip Code 43040

Amount of Each Disbursement this Period

Purpose of Disbursement
voided check from 3/9/09Category/
Type

-250.00

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Troy Balderson For State Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Mailing Address 601 Underwood St
PO Box 69**Transaction ID : SB29.6089**

Amount of Each Disbursement this Period

City Zanesville State OH Zip Code 43702-0069

350.00

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Troy Balderson For State Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Mailing Address 601 Underwood St
PO Box 69**Transaction ID : SB29.6088**

Amount of Each Disbursement this Period

City Zanesville State OH Zip Code 43702-0069

-500.00

Purpose of Disbursement
Void check from 9/4/14Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Troy Balderson For State Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Mailing Address 601 Underwood St
PO Box 69

City Zanesville State OH Zip Code 43702-0069

Purpose of Disbursement

Candidate Name

Category/
Type**Transaction ID : SB29.6091**

Amount of Each Disbursement this Period

500.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Troy Balderson For State Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2015

Mailing Address 601 Underwood St
PO Box 69

City Zanesville State OH Zip Code 43702-0069

Purpose of Disbursement

Candidate Name

Category/
Type**Transaction ID : SB29.6090**

Amount of Each Disbursement this Period

350.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

15911.05
